

UNITED STATES POSTAL SERVICE
PS Form 3811, Feb 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X AM</i></p> <p>B. Received by (Printed Name) <i>A. Hyter</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>SEP 06 2012</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: <i>John M. Cregror Deputy Attorney General Dept. of the Attorney General State of Hawaii 425 Queen Street Honolulu, Hawaii 96813</i></p>		<p>2. Article Number (Transfer from service label) <i>7011 3500 0001 7147 7657</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X Shanel Sarsuelo</i></p> <p>B. Received by (Printed Name) <i>Shanel Sarsuelo</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>9/6/12</i></p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to: <i>Michael J. Udovic Deputy Corp. Counsel County of Hawaii 333 Kilauea Ave. 2d Floor Hilo, Hawaii 96720</i></p>		<p>2. Article Number (Transfer from service label) <i>7011 3500 0001 7147 7664</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			